

**G.R.A.M.A.**  
**Government Records Access and Management Act**

**Intent:** GRAMA is intended to promote the public's right of easy and reasonable access to unrestricted public records and to favor public access when, in the application of the law, countervailing interests are of equal weight. (63-2-102)

**Time:** A request for record access or copies shall be responded to as soon as reasonably possible – no later than 10 business days, or 5 business days if a request benefits the public rather than the requesting individual. (63-2-204(3)(a))

**Denial:** If access is denied, the agency shall provide a notice of denial, including a description of the record or portion of record to which access is denied, citation to the statute allowing the denial, and a description of the process to appeal the denial. (63-2-205(2))

**Please complete the GRAMA Record Request form and return to:**

**South Jordan City Recorder  
1600 W. Towne Center Drive  
South Jordan, Utah 84095  
Phone: (801) 254-3742  
Fax: (801) 254-3393**

**2009-2010 GRAMA Fee Schedule**  
**Adopted in the FY 2009-10 City Budget 6-16-09**  
**By Resolution R2009-18**

Photocopy or print out of regular size record	\$0.50	Per page - records smaller than 11" X 17"
Black and white photocopy or print out of oversized record	\$7.00	Per page - records larger than 11" X 17"
Color photocopy or print of oversized record	\$12.00	Per page - records larger than 11" X 17"
Electronic records, per DVD	\$4.00	Per DVD
Electronic records, per CD	\$2.00	Per CD
Video Records	\$5.00	Per Tape
Audio Records	\$2.00	Per Tape
Fax request (long distance within US) per fax number	\$2.00	
Fax request (long distance outside US) per fax number	\$5.00	
Mail request (address within US) per address	\$2.00	
Mail request (address outside US) per address	\$5.00	
Research or services fee		As provided by Utah Code 63-2-203
Extended research or services fee		As provided by Utah Code 63-2-203
Police Report	\$5.00	Per Report
Traffic Accident Report		Per Report
Other		

**CITY OF SOUTH JORDAN**  
**GRAMA Records Request**

*The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges .50¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63-2-203. (Fees last updated 6-16-09 by Resolution R2009-18 Adoption of the FY 2009-10 Budget).*

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) **specifically described:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

- I would like to view/inspect the record
  
- I would like to receive copies of the requested record(s). I agree to pay a reasonable fee to cover the City's actual cost of duplicating the records, or compiling the records in a form other than that maintained by the City. I authorize cost of up to \$ \_\_\_\_\_. I further understand that the City will contact me if estimated costs are greater than the amount I have specified and that the City will not copy or compile the documents if I have not agreed to pay the costs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I request waiver of the above fees as provided by the City Ordinance 3-6-100 for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTROLLED RECORDS

If requested records are classified "Controlled", sign the following:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT

I hereby acknowledge that I am a physician, psychologist, or certified Social Worker and that I will not disclose controlled information to any person, including the Subject of the record, except in response to a lawful order of the State Records Committee or the District Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### FOR OFFICE USE ONLY RESPONSE TO REQUEST

APPROVED – Requestor notified on \_\_\_\_\_, 20\_\_\_\_\_.

DENIED – Written denial sent on \_\_\_\_\_, 20\_\_\_\_\_.

FEES: \$ \_\_\_\_\_

If waived, they were approved by: \_\_\_\_\_

Further cost authorization obtained from requestor by: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date